

Location Packet for Retailers Instructions

The Location Packet (L-L) **MUST** be completed by all retailers filing an application for an original, reinstatement or change of location. This packet must be submitted with the **Prequalification Packet (Form L- ON or Form L- OFF)** as per Rule §33.13 of the Texas Alcoholic Beverage Commission Administrative Rules.

Other required forms may include:

- Owner of Property (Form L-OP) – **IF** applicant does not own the land and building.
- Sub-lessor (Form L-SL) – **IF** applicant has a sublease, concession or management agreement.
- Local Cartage Permit (E) (Form L-VEH) – **IF** applicant is a Package Store (P), Wine-Only Package Store (Q) or a Warehouse/Transfer Company (ET).
- Private Carriers Permit (O) (Form L-VEH) – **IF** applicant is a Wine and Beer Retailer's (BG), **AND** holds a Brewpub License (BP).
- Business Packet (Form L-B) – **IF** applicant does not currently hold a license/permit.

ALL completed forms including the Prequalification Packet (Form L- ON or Form L- OFF) must be submitted to your local TABC Office. For assistance in locating your local office and to download forms, visit our website at www.tabc.texas.gov.



LOCATION PACKET FOR RETAILERS

L-L
(01/2016)

This Location packet (L-L) should be completed by all retailers submitting an original, reinstatement, and/or change of location application. This packet (L-L) along with the Prequalification Packet (L-ON) or (L-OFF) must be submitted to your local TABC office.

All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

1. Application for: ☐ Original

☐ Reinstatement

License/Permit Number _____

☐ Change of Licensed Location

License/Permit Number _____

2. Trade Name of Location _____

3. Location Address _____

4. Business Entity Name/Applicant _____

5. Federal Employer Identification Number (FEIN) _____

INITIAL INFORMATION

6. Do you currently hold an active license/permit issued under the above FEIN? ☐ Yes ☐ No

If **"YES,"** provide your most recently issued license/permit number. _____

If **"NO,"** you must complete the **Business Packet (L-B)**.

7. If you hold a current and active license/permit under the above FEIN has there been a change in the ownership or business structure since the submission of your last application? ☐ Yes ☐ No

If **"YES,"** you must complete the **Business Packet for Reporting Changes (L-BRC)** in its entirety.

OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

8. Does the applicant own the land and building at this proposed licensed location? ☐ Yes ☐ No

If **"NO,"** please complete **Owner of Property (L-OP)**.

NOTE: Be prepared to provide additional information (such as a copy of your lease) if requested.

9. If operating under a lease at this location, indicate:

Expiration date(s)/Options _____

Monthly rental amount \$ _____

Other fees and payments to landlord _____

10. Are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental? ☐ Yes ☐ No

If **"YES,"** complete **Sublessor (L-SL)**, indicate the following, and attach copy of agreement(s):

Expiration date(s)/Options _____

Monthly fee \$ _____

If you have a sublessor that differs from the management company enter sublessor name below **and** complete Form L-SL.

Sublessor Name _____

11. Do you or anyone else at the location operate under a franchise agreement? ☐ Yes ☐ No

If **"YES,"** as required under Section 109.53 do you maintain exclusive control of ALL phases of the purchase, sale, service and brands of alcoholic beverages? ☐ Yes ☐ No

12. Do you share the premises with another business entity? ☐ Yes ☐ No
 If "YES," indicate the tradename(s) of business(es) and sales and use tax number(s) for other business(es):
 Trade Name _____
 Sales & Use Tax Number _____

13. Are there any agreements, excluding questions 9, 10 & 11, which involve alcohol in any way?
☐ Yes ☐ No
 If "YES," attach a copy of agreement.

SALES AND LOCATION INFORMATION

14. For an original application provide the sales data projected at the proposed license premise. For a change application provide the sales data for the last year of operation.
 Sales Year (YYYY) 20_____
 Alcoholic Beverage Sales \$ _____
 Food Sales \$ _____
 Other Sales \$ _____
 Total Sales \$ _____

15. Is the proposed location in a hotel or motel? ☐ Yes ☐ No

16. Will the license or permit embrace the entire building and grounds at the address shown? ☐ Yes ☐ No
 If "NO," attach a diagram of your premise as required by Section 11.49. **Be advised the location will be inspected prior to approval of your application.**

FINANCE INFORMATION

17. Enter the total amount of investment from all sources for this location. \$ _____
 Please be prepared to provide copies of all documents related to the financing of this location.

18. List any person, firm, or corporation that has advanced or will advance any money, that holds any mortgage or encumbrances against the assets of the proposed business location, or that has signed or co-signed, guaranteed or financially assisted this business location for which you are seeking a license/permit. If a partnership or corporation, list entity along with partners/officers.

SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	

(If more space is needed, attach additional page.)

MEASUREMENT INFORMATION

19. Making measurements from the door where the public enters your establishment to the nearest property line of a private/public school, will this location be within 1,000 feet of a private/public school?

☐ Yes ☐ No

If "YES," written notice of this application must be given to the school officials and a copy of the notice must be provided with this application as required by Section 109.33(c).

20. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? ☐ Yes ☐ No

If "YES," and if you are applying for an On-Premise License/Permit, and if a Food and Beverage Certificate is not applied for, notify each residential address and established neighborhood association. Submit a copy of the completed notice along with a list of all addresses notified; as required by Section 11.393 and 61.38

NOTE: A Sample of the notice can be found in Exhibit III of the Application Guide for Retailers.

ON-PREMISE LICENSES AND PERMITS ONLY

MEASUREMENT INFORMATION FOR APPLICANTS IN MUNICIPALITIES WITH A POPULATION OF 1.5 MILLION OR MORE ACCORDING TO THE LAST FEDERAL CENSUS

21. Will your business be located within 300 feet of residence, church, school, day care or social service facility when measuring in a straight line from the nearest point of the property line of the proposed location to the nearest point of the property line of any of these facilities? ☐ Yes ☐ No

If "YES," will 75% or more of the applicant's actual or anticipated gross revenue from the sale of alcoholic beverages? ☐ Yes ☐ No

If "YES," to both of the questions; you must notify all tenants or property owners of your intent to apply for an alcohol beverage license/permit within five days of the filing of an original application. Has such notice been given as required by Section 11.52? ☐ Yes ☐ No

BREW PUB (BP) Only

22. Do you, the applicant, intend to sell your alcoholic product directly to other retailers? ☐ Yes ☐ No

23. Do you, the applicant, intend to sell your alcoholic product to wholesalers/distributors? ☐ Yes ☐ No

WARNING AND SIGNATURE

If Applicant Is/Must Sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

EACH LICENSEE OR PERMITTEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO THE SALE OF ALCOHOLIC BEVERAGES. ANY ARRANGEMENT THAT SURRENDERS SUCH CONTROL OF THE EMPLOYEES, PREMISES OR BUSINESS, INCLUDING PROFITS AND LOSSES, TO PERSONS OTHER THAN THE LICENSEE OR PERMITTEE IS UNLAWFUL.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS PROVIDED ARE CORRECT.

PRINT NAME _____ SIGN HERE _____
TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20____, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN HERE _____

NOTARY PUBLIC

S E A L



OWNER OF PROPERTY

L-OP
(01/2016)

1. Trade Name of Location

2. Indicate if owner of property is:

☐ Owner of Land and Building ☐ Owner of Land ☐ Owner of Building ☐ Owner of Boat

Note: If land and building are owned by different entities, complete Form L-OP for each entity.

3. Wholesaler's (W, X) and Manufacturer's (G, B, D) – Is the owner of premise information used for a storage permit (L, K) or Manufacturer's Warehouse License (MW)? ☐ Yes ☐ No

4. Owner of Property (Individual or Business Entity)

5. Federal Employer Identification Number (FEIN) for Owner of Property

COMPLETE THE FOLLOWING:

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



SUBLESSOR

L-SL
(01/2016)

1. Trade Name of Location

2. Indicate if you are:

☐ Sublessor ☐ Concessionaire ☐ Management Company of Permittee

3. Business Entity Name for Sublessor, Concessionaire or Management Company

4. Federal Employer Identification Number (FEIN) for Sublessor, Concessionaire or Management Company

COMPLETE THE FOLLOWING:

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
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**LIST THE VEHICLES OWNED OR LEASED IN GOOD FAITH BY APPLICANT
TO BE USED IN CONNECTION WITH THE PERMIT CONTINUED**

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